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ABSTRACT

While there is no question that families respond to the needs of older relatives, there is wide variation in the behavior and experience of caregiving relatives. Two factors that may account for some of this variation are the bonds of affection and reciprocity, both of which have developed over the previous relationship between the older relative and the caregiver. In-depth interviews were conducted with 203 individuals identified as the primary caregiver to an older relative. Respondents reported relatively warm, affective feelings toward older relatives and saw the relative as a provider of assistance to them in the past. The dependency of the aged relative appeared to modify the nature of the affective relationship, bringing the dyad closer emotionally but making daily interaction less enjoyable for the caregiver. The most frequently mentioned motivation for caregiving was familial obligation, followed by affection and reciprocity. Examination of the influence of affection and reciprocity on the degree of caregiving involvement and consequences revealed a moderate, significant positive relationship between reciprocity and caregiving involvement. Affection had moderate significant relationships with both caregiving involvement and caregiving impact. The findings suggest that caregiving takes place within an historical context. (NRB)

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RECIPROCITY AND AFFECTION:

PAST INFLUENCES ON CURRENT CAREGIVING

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Introduction

The pervasive mythology which had portrayed the elderly as an isolated population devoid of meaningful kin relations, has been rapidly losing ground as the body of evidence to the contrary continues to grow. Replacing the myth has been the recognition that older people are indeed family members who continue to engage in a two-way flow of assistance, giving as well as receiving, for most of the family life-cycle (Sussman and Burchinal, 1962; Cantor, 1975). When health begins to deteriorate and older relatives need assistance to carry on daily activities, the family consistently emerges as the major provider of needed services to the elderly. Specifically, the role of primary caregiver will be assumed by a spouse, if there is one; a child, if there is not; and, in the absence of both spouse and children, other relatives such as siblings, nieces or nephews have been found to provide extensive support (Shanas, 1979 (a) and (b), 1980); Shanas et al, 1968). Evidence of familial responsibility for the care of the frail aged has been forthcoming from every survey of the aged and their families. Family members care for their older relatives because they are family members and because adherence to the value of familism remains strong in 20th century America.

While there is no longer any question that families respond to the needs of their older relatives, it is also clear that there

is wide variation in both the behavior and experience of relatives who are confronted with an aged family member. Caregiving involvement may range from a once-a-week visit to 24-hour round-the-clock care for the bedridden (Danis, 1978; Gross-Andrew, 1977; Weiler, 1978; Archold, 1978; Cantor, 1980; Tobin and Kulys, 1980) and the caregiving relative may experience minimal to extensive stress as a result of caregiving responsibilities (Adams et al, 1979; Simos, 1973; Kulys and Tobin, 1978; Mace, 1980; Zarit et al, 1980; Archold, 1978; Johnson, 1979; Cantor, 1980).

In trying to understand what accounts for the variation which has been noted, many factors have been raised in the literature as being related to both the patterns and the consequences of caregiving arrangements. Among the least studied have been the qualitative aspects of the caregiving relationship: the bonds of affection and reciprocity. Each, to a large extent, has its roots in the past relationship between the aged family member and the caregiving relative.

Reciprocity is conceptualized as 'credits' earned by the older relative for past help given to the caregiver. It is an obligation which stems from gratitude and is manifested in the desire to repay the older relative for past services rendered. Although the power of reciprocity has not been previously studied in relation to caregiving, the ability of the older person to depend on reciprocity has been implicit in the writings of many

family theorists. Litwak (1965), for example, had made it clear that one major characteristic of the modified extended family is the reciprocity of aid over time; Adams (1968) characterizes the relationship between adult offspring and aging parents as one of "positive concern" which is composed of both affection and obligation; and Boszormenyi-Nagy and Spark (1973) postulate that the "major connecting tie between the generations is that of loyalty based on the integrity of reciprocal indebtedness."

The few research studies which have touched upon intergenerational affective relations have concluded that the majority of both generations do report feeling close and/or being satisfied with the relationship (Brody, 1974: Adams, 1968; Cantor, 1975; Johnson and Burak, 1977; Jackson, 1971; 1972; Brown, 1974). A relationship between emotional closeness and general interaction frequency has not been established, however (Brown, 1974; Adams, 1968). In general, contact is maintained and is independent of affective feelings.

While affection has not been found to be critical to the maintenance of contact, it has been suggested that it may be an important factor when dependency increases and the family member is asked to respond to the older relative in ways which place severe limitations on other life activities (Hess and Waring, 1978). However, most of the available, although limited, evidence to date is to the contrary. Involvement in caregiving activities has not

been found to be dependent upon strong affective bonds (Peterson, 1970: Horowitz, 1978; Kulys and Tobin, 1978). Where affective relations may play more of a key role is in the reaction to the caregiving experience. Where there exists a strong bond of affection between the caregiving dyad, the impact of caregiving may be perceived as relatively less stressful (Kulys and Tobin, 1978; Horowitz, 1978).

The purpose of this paper is to examine these issues within a sample of 203 caregivers to frail elderly relatives. Some of the preliminary findings will be presented relevant to four major research questions:

1. What is the nature of past and current affective relations between the older relative and his/her primary caregiver?
2. To what extent do the caregivers perceive the older relative as having provided assistance to them in the past?
3. To what extent do affection and reciprocity serve to motivate initial entry into the caregiving role?
4. To what extent is the caregiver's involvement and experience of caregiving related to the quality of the affective relationship and the extent of past help received from the older relative?

Methodology

Sample and Design

The research reported in this paper is drawn from a larger study entitled, The Role of Families in Providing Long-Term Care to the Frail Elderly. In-depth interviews, taking approximately

1½ to 2 hours to complete, were conducted with 203 individuals identified as the primary caregiver to an older relative who was currently receiving home or day-care services in New York City.

Sixty-five percent of the relatives were the adult offspring of the older person; 9% were spouses and the remaining 26% were other relatives, primarily siblings and nieces or nephews. The age of the respondents ranged from 22 to 85 with a mean age of 54.6 for the total sample. The average age of caregiving spouses was 71.4, while among the adult childrenand other relatives it was 50.8 and 58.2, respectively. Approximately eight out of ten respondents were female; 62% were white, 21% Black, and 17% Hispanic. Excluding spouses caring for a husband or wife, 55% of the remaining caregivers were currently married, and 61% were working either full or part-time. Family income ranged from under $3,000 annually to more than $30,000. Caregiving spouses were concentrated in the lower income categories. Thirty-one percent of all respondents lived with their older relative; 69% provided care while maintaining separate households. Sharing a household was the case for all spouses, 27% of the adult children, and 15% of other relatives. The older relative in need of care tended to be female (80%), widowed (67%), over 75 years of age (66%), and at least moderately impaired in ADL functioning (see Tables 1 and 2).

Measures

The interview schedule covered various aspects of the caregiving experience and the context within which it took place. Of particular relevance to this presentation are the two dependent measures: caregiving involvement and caregiving impact; and the two measures which tap the degree of reciprocity and affective feelings toward the older person.

In order to measure the extent of support provided, respondents were asked a series of questions concerning their involvement with their older relative. Information was collected regarding frequency of telephone and face-to-face interaction, and the extent to which assistance was provided in the following areas: transportation, household help, shopping, meal preparation, personal care, health care, financial management, linkage with formal services, emotional support and financial assistance. Responses to these 12 items were used to create a caregiving involvement scale. Scale scores ranged from 0 to 43, with a mean of 23.2 and a standard deviation of 8.9. The internal consistency reliability (Cronbach's alpha) was .82.

The impact upon the caregiver of providing care was measured utilizing the responses to several open-ended and fixed-choice questions. Respondents were asked to describe the major problems they have faced, the positive aspects of providing care, whether there were things they were no longer able to do because of

caregiving responsibilities, whether they felt responsibilities to other family members were being neglected, and to give a global rating of the degree of sacrifice caregiving involved. Furthermore, they were asked whether providing care had caused change - for the better or for the worse - in 17 specified areas of their personal and family life including: work performance, recreation, their own physical and mental health, family finances, relations with other family members, plans for the future, as well as feelings toward their own aging. These items were used to create an overall indicator of negative caregiving impact. The scale scores ranged from 0 to 24 with a mean of 9.0 and a standard deviation of 6.1. The internal consistency reliability was .88.

The nature of the affective relationship was measured utilizing the responses to six items which tapped both past and current feelings. Respondents were asked to think of the time prior to the older relative's illness (but when both were adults) and to rate how close they were to the older relative, how enjoyable was the time they spent together and whether they could confide in the older relative when they had a personal problem. They were then asked the first two items again as they related to the current time frame. The last item utilized the responses to an open-ended question asking why they provided the help they did and responses were scored on the basis of whether or not love or affection was given as a reason. The scale scores ranged from 1 to 16 with a mean of

11.5 and a standard deviation of 3.3. The scale alpha, indicating internal consistency, was .79.

The pull toward reciprocity taps the degree to which the respondent perceives him/herself as having been the "receiver" in past relations with the older relative. Reciprocity was operationalized by a 10-item scale measuring the extent and perceived importance of the past help received. Respondents were asked whether their relative had helped by giving or loaning money, starting him/her in a business, putting him/her through school, assisting with child care, or providing care through a long illness. They were also asked whether they had ever lived with the relatives as an adult, whether they could generally count on him/her for assistance and whether they thought the relative made sacrifices for the family. Responses to the motivation question were also used and scored if reciprocity was mentioned as a reason for helping. Reciprocity was examined for non-spouse caregivers only since the reciprocal obligations within the marriage relationship are of a different nature than those applicable to other caregiving dyads. The scale scores for the 184 non-spouse caregivers ranged from 0 to 13 with a mean of 5.7 and a standard deviation of 3.3. The internal consistency reliability was .62.

Findings

In discussing the findings, I will first briefly present the descriptive data on affection and reciprocity and then turn to

the influence of each factor on the caregiver's involvement and experience of caregiving.

Affective Relationships

The data on affective relationships indicate that the majority of respondents do report relatively close and enjoyable relations with the older relative (see Table 3). For example, more than half (52%) report being "very close" to the older relative in the past while 85% report "very" or "somewhat" close relations; 90% report that the time spent together prior to illness was "somewhat" or "very" enjoyable; and more than three-fourths (79%) felt they could confide in their relative at least sometimes.

At the same time that the majority report close affective ties, several additional trends can be noted from the responses. First, the data indicate that such ties are not a necessary precondition for engaging in a caregiving relationship. This second finding does not negate the first. Rather, it looks at the 'flip-side' of the data in order to address a somewhat different issue - the conditions under which a relative will assume at least some responsibility for caregiving. Therefore, it is noteworthy that 15% of the primary caregivers report being "not very" or "not close at all" to the older relative prior to the latter's illness; 21% could "never" confide in them; and 10% did not enjoy the time spent together. Thus, while close affective relations were the norm, caregiving could and did take place in their absence.

The second trend is that there is evidence of change in the affective relationship over time which appears to be directly attributable to the caregiving situation. That is, for the majority of respondents, there is a trend toward reporting closer emotional ties to the older relative now than in the past (71% report feeling 'very' close now as compared to 52% who did so prior to the illness) but, at the same time, they are less likely to enjoy the time spent together (31% report finding time spent together now is "very enjoyable" compared to 58% who did so in the past). Providing care appears to draw the dyad closer together emotionally, yet at the same time, make day-to-day interaction more difficult. This trend is most apparent among the sub-group of other relatives, who are most likely to be feel closer as they engage in the caregiving relationship. On the other hand, spouses give evidence of the most deteriorated relationships. They were most likely to report close affective ties on all items prior to illness and least likely as compared to both adult offspring and other relatives, to do so regarding their current emotional feelings. It appears that it is the marital relationship which suffers the greatest strain as a result of caregiving, most probably because of its centrality in the lives of caregivers prior to the increasing dependency of the spouse. In general, however, there was no significant difference among spouses, adult children

and other relatives in terms of their affective feelings toward their older relative; (mean scores on the "Affection" scale were 11.8, 11.4 and 11.5, respectively; F = .15 df 2,199 N.S.). Scale scores of all sub-groups were skewed toward the positive end of the continuum.

Past Help Received: Evidence of Reciprocity

The extent to which the older relative helped the respondent in the past was examined for adult children and other non-spouse relatives. In general, these caregivers did feel that their relative provided them with at least some assistance when s(he) was able to do so in the past (see Table 4). Seventy-one percent believed that their relative could "always" be counted on for assistance and more than half (54%) believed the older relative had made many sacrifices for them and the family. When it comes to the specific types of help, more than one-third of the respondents reported having shared the older relative's home at some point in their adult lives (39%) and that their relative helped them with child care (37%). Almost one-fourth (24%) said they had been given or loaned money and 20% received care themselves during a long illness. Not unexpectedly, children were more likely to report having received help on most items than were other relatives and, as follows, there was a significant difference between average scores of the the two sub-groups on the Reciprocity Scale ($\bar{x}$ scores

= 6.5 and 3.8, respectively $t = 5.5$ $df = 182$ $p < .001$).

Affection and Reciprocity: Influences on the Caregiving Experience

Before turning to the results of the quantitive analysis, it is interesting to note the role affection and reciprocity play in the consciously expressed motivations of the caregivers. These were elicited by an open-ended question asking: "Why do you provide the help that you do?" Most respondents spontaneously gave more than one reason for helping. The two most frequently mentioned motivations were familial obligation, cited by 58%; and affection for the older relative, cited by 51% of all respondents. The third most common response was reciprocity, mentioned by 17% of the caregivers.

For some caregivers, adherence to the value of familial or filial responsibility was the sole reason which emerged even after extensive probing:

> "Because I've been trained to believe you should help - I feel guilty when I don't" (son)
>
> "I feel obligated, I should, this is the way I was raised - you care for those closest to you" (daughter)
>
> "He's my father - it's family the way were brought up - we help each other" (son)
>
> "When you're married to a man for 30 years what do you say - I don't want to help? - A duty - I have to do it (wife)
>
> "I feel it's my duty. I can't get away from it" (daughter)

More often, however, obligation and affection went hand-in-hand.

> "Because she's my Mom and I love her...she's basically a good person, but like everyone else she has faults...but she's family" (son)

> "She's my wife and the mother of my children - I have to take care of her until God wills it - the wife is part of oneself - I love her" (husband)

It is noteworthy that 21% of the spouses, 19% of the adult children and 9% of the other relatives spontaneously mentioned the pull of reciprocity - they were acknowledging and repaying the past behavior of the older person. Reciprocity also was often combined with other motivations.

> "'Cause she earned it from me - all my life she was good to me. I've always been the one who was closer to her family" (niece)

> "He's my father - I love him - if I needed anything he gave it to me - my best friend" (son)

> "Because he's been an exemplar father, he has done more for me and my brother than we have done for him - we love him" (daughter)

> "She's my mother - she would do the same for me - don't think that 'why' should enter into it where a mother/child is concerned - it's a biological thing - a thing you do - I had a mother who cared about me - it's according to how you were brought up - my mother was home. I had a good childhood - that's a plus in her favor" (son)

> "He's my husband. I love him. We've been through a lot - he's been good to me and the family" (wife)

In sum, reciprocity and affection, along with familial obligation ranked, in ascending order, as the top three reasons given for

helping an older frail relative in need. Yet, while such reasons were common, they were not universal and caregiving assistance was, in some cases, offered in the absence of either affection and/or reciprocity.

The next stage of the analysis sought to determine the influence of affection and reciprocity on the degree of caregiving involvement and consequences. That is, given that all the respondents are involved as caregivers, do differences in the strength of their past and affectional ties affect their behaviors and experiences in the caregiving role. It was presupposed that reciprocity was a 'motivator' and would therefore be related to caregiving behavior rather than consequences. Affection, on the other hand, was hypothesized as mediating the stress of caregiving and thereby reducing the degree of perceived negative impact. This analysis utilized the scale scores described earlier. The findings are presented in Table 5.

The hypothesis that there would be greater commitment to caregiving where the caregiver perceived him/herself as having received from the older relative was supported. There was a moderate but significant positive relationship between Reciprocity (the measure of past help) and Caregiving Involvement ($r = .20$ $p < .01$). Caregivers do respond with more assistance, the more they believe they had received in the past. Past behavior on the part of the

older relatives, therefore, does act as "credits earned" which can be activated in the caregiving situation.

Affection, on the other hand, had moderate significant relationships with both caregiving involvement and caregiving impact ($r = .21$ and $-.19$, respectively, $p < .01$). Once having taken on the role of primary caregiver, the stronger the emotional bond, the more assistance provided to the older relative. Furthermore, affective feelings did mediate the potential strains of caregiving; the more affection felt for the older frail relative, the less negatively caregiving responsibilities were experienced.

Summary and Discussion

In sum, this paper has presented some of the preliminary findings regarding the influence of affection and reciprocity on the caregiving behavior and experience of 203 primary caregivers to a frail elderly relative. In general, respondents report relatively warm affective feelings toward older relatives and saw the relative as having provided at least some assistance to them in earlier years. The dependency of the aged relative did, however, appear to modify the nature of the affective relationship, bringing the dyad closer emotionally but making daily interaction less enjoyable for the caregiver. Spouses were most at risk in this regard. Findings indicate that reciprocity is related to the amount of help given, but not to the perceived impact of caregiving. Affection, on the other hand, is positively correlated to the level of commitment and

negatively correlated to the extent of caregiving impact.

Why have we found a relationship between affection and caregiving commitment while most other evidence is to the contrary? That is, that involvement with a frail aged relative is independent of affective feelings (Adams, 1968; Brown, 1974; Horowitz, 1978; Kulys and Tobin, 1978; Peterson, 1970). The answer is to be found primarily in the questions which have been posed and the characteristics of the samples utilized. If the question is: does interaction and assistance depend upon the quality of the relationship, the answer from our study concurs with that of previous research: no. We have found a range of affective feelings in our sample and some of the caregiving dyads studied were not characterized by any feelings of affection. Relatives will respond with a basic level of services and will identify themselves as primary caregivers regardless of their feelings of closeness. Adherence to the value of family responsibility remains strong. At the same time, we are dealing with a sample of primary caregivers to the frail elderly, for whom more than basic services are often needed. We have gathered detailed data on the extent of help provided in a variety of areas. Therefore, we were able to pose a second question which builds on the first: "Given that the relative has assumed the primary caregiving role, does affection now play a role in explaining the extent to which s(he) will provide assistance?" The answer to this question is 'yes'. In a sense, the quality of the affective relationship defines those who

"go beyond the call of duty" in assisting their older frail relatives.

Overall, these study findings have implications for understanding the nature of strains which often accompany the provision of assistance to an older relative. Caregiving does not emerge with a life of its own, but takes place within an historical context. Both the aged relative and the caregiver enter the relationship with a history of interactions which may either facilitate or impede the caregiving relative in his/her attempts to fulfill caregiving responsibilities. The professional who is often called in to assist the caregiving dyad needs to be aware of the importance of these past influences if s(he) is to be able to adequately address current concerns. For example, the role of the practitioner may be to help the caregiver (who is most often an adult child) resolve past conflicts and/or to help identify the reasons for the resentment which is often experienced. In any case, the professional should have some awareness of the nature of past interactions if s(he) is to intervene effectively with the necessary and proper supports for the situation.

Attention to the affectional bond can also help the professional identify high-risk caregiving situations. That is, the findings have indicated that stronger affective feelings are associated with less stressful caregiving experiences. The corollary is also true: weaker bonds are related to the caregiver's perception of greater disruption and distress as a result of providing care. Given evidence indicating

that institutional placement is most often precipitated by excessive strain on family members (Brody, 1966; Kraus, et al, 1976; Silverstone, 1978; Teresi, et al, 1978), it is clear that the elderly cared for by relatives with greater familial than affectional feelings are more at risk. Here both counseling and concrete services would be useful in minimizing the strains evidenced while still allowing the family member to continue his/her involvement.

Finally, findings presented here indicate that affective relationships between spouses, in particular, are negatively affected by the need to provide care. Other study findings show that spouses, as compared to all other relatives including adult offspring, experience the greatest stress from caregiving responsibilities. These trends suggest that greater attention, from both a service and a research point of view, needs to be given to the particularly precarious situation created when an elderly spouse is the first line of defense for an older and sicker husband or wife.

REFERENCES

Adams, B.N. Kinship in an Urban Setting. Chicago: Markham Publishing Company, 1968.

Adams, M.; Caston, M.A.; and Davis, B. "A Neglected Dimension in Home Care of Elderly Disabled Persons: Effect on Responsible Family Members." Paper presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., November, 1979.

Archold, P.G. "Impact of Caring for an Ill-Elderly Parent on the Middle-Aged or Elderly Offspring Caregiver." Paper presented at the Gerontological Society Meeting, Dallas, Texas, 1978.

Boszormenyi-Nagy, I. and Spark, G. Invisible Loyalties: Reciprocity in Intergenerational Family Therapy. New York: Harper & Row, 1973.

Brody, E.M. "Aging and Family Personality: A Development View." Family Process, 13 (1974), 23-37.

Brown, A.S. "Satisfying Relationships for the Elderly and Their Patterns of Disengagement." Gerontologist, 14(3) (1974), 258-262.

Cantor, M. "Caring for the Frail Elderly: Impact on Family, Friends and Neighbors." Paper presented at the 33rd Annual Scientific Meeting of the Gerontological Society, San Diego, California, November, 1980.

_____. "Life Space and the Social Support System of the Inner City Elderly of New York." Gerontologist, 15 (1975), 23-34.

Danis, B.G. "Stress in Individuals Caring for Ill Elderly Relatives." Paper presented at the Gerontological Society Meeting, Dallas, Texas, 1978.

Gross-Andrews, S. and Zimmer, A.H. "Incentives to Families Caring for Disabled Elderly: Research and Demonstration Project to Strengthen the Natural Supports System." Paper presented at the Annual Gerontological Meeting, November, 1977.

Hess, B.B. and Waring, J.M. "Changing Patterns of Aging and Family Bonds in Later Life." Family Coordinator, 27(4) (October, 1978), 303-314.

Horowitz, A. "Families Who Care: A Study of Natural Support Systems of the Elderly." Paper presented at the Annual Scientific Meeting of the Gerontological Society, Dallas, Texas, November, 1978.

Jackson, J.J. "Sex and Social Class Variations in Black Aged Parent-Child Relationships." Aging and Human Development, 2 (1971), 477-485.

_____. "Comparative Life Styles and Family and Friend Relationships Among Older Black Women." Family Coordinator, 21 (1972), 477-485.

Johnson, E.S. and Bursk, B.J. "Relationships Between the Elderly and Their Adult Children." Gerontologist, 17 (1977), 90-96.

Kulys, R., and Tobin, S. "The Older Person's Responsible Other-Child vs. Non-Child." Paper presented at the Gerontological Society Meeting, Dallas, Texas, November, 1978.

Litwak, E. "Extended Kin Relations in an Industrial Democratic Society." Social Structure and the Family: Generational Relations. Edited by E. Shanas and G.F. Streib. New Jersey: Prentice:Hall, Inc., 1965, 290-323.

Mace, N.L.: Rabins, P.; and Lucas, M.J.: "Areas of Stress in Families of Demential Patients." Paper presented at 33rd Annual Scientific Meeting of the Gerontological Society of America, San Diego, California, November, 1980.

Peterson, James A. "Therapeutic Intervention in Marital and Family Problems of Aging Persons." Professional Obligations and Approaches to the Aged. Edited by A.N. Schwartz and I.N. Mensh. Illinois: Charles C. Thomas, Publisher, 1974.

Shanas, E. "Older People and Their Families: The New Pioneers." Journal of Marriage and the Family 42(1) (February, 1981), 9-15.

_____. "Social Myth as Hypothesis: The Case of the Family Relations of Old People." Gerontologist 19(1) (February, 1979a), 3-9.

_____. "The Family as a Social Support System in Old Age." Gerontologist,19(2) (April, 1979b), 169-174.

_____; Townsend, P.; Wedderburn, D.; Friis, H.; Milhoj, P.; and Stehouwer, J. Old People in Three Industrial Societies. New York: Atherton Press, 1968.

Simos, B.G. "Adult Children and their Aging Parents." Social Work, (May, 1973), 23-25.

Sussman, M.B. and Burchinal, L. "Kin Family Network: Unheralded Structure in Current Conceptualization of Family Functioning." in Marriage and Family Living, 24 (1962), 231-240.

Tobin, S. and Kulys, R. "The Family and Services." in Eisdorfer, C. (ed.) Annual Review of Gerontology and Geriatrics. Vol. 1. New York: Springer Publishing Company, 1980.

Weiler, P. and Rathbone-McCuan, E. Adult Day Care: Community Work with the Elderly. New York: Springer Publishing Company, 1978.

Zarit, S.H.; Reeves, K.E.; Bach-Peterson, J.: "Relatives of the Impaired Elderly: Correlates of Feelings of Burden." Gerontologist 20(6) (December, 1980), 649-655.

Table 1

Major Demographic Characteristics
of Caregivers by Relationship of Caregiver

	Total Sample	Spouse	Children	Other Relative
Age				
< 45	21.2	—	25.2	18.9
45 - 64	55.7	21.1	66.4	41.5
65+	23.2	78.9	8.4	39.6
(n)	(203)	(19)	(131)	(53)
$\bar{x}$ age	54.6	71.4	50.8	58.2
Sex				
Male	21.7	31.6	24.4	11.3
Female	78.3	68.4	75.6	88.7
(n)	(203)	(19)	(131)	(53)
Race				
White	62.0	84.2	60.9	56.6
Black	21.5	5.3	21.1	28.3
Hispanic	16.5	10.5	18.0	15.1
(n)	(200)	(19)	(128)	(53)
Marital Status				
Never Married	10.3	—	11.5	11.3
Married	59.6	100.0	57.3	50.9
Widowed	11.3	—	10.7	17.0
Divorced/Separated	18.7	—	20.6	20.8
(n)	(203)	(19)	(131)	(53)
Religion				
Jewish	40.8	52.6	41.1	35.8
Protestant	17.9	10.5	14.7	28.3
Catholic	32.3	31.6	34.1	28.3
Other	2.5	—	3.1	1.9
None	6.5	5.3	7.0	5.7
(n)	(201)	(19)	(129)	(53)
Living Arrangements				
With Older Relative	30.5	100.0	26.7	15.1
Separate Household	69.5	—	73.3	84.9
(n)	(203)	(19)	(131)	(53)

Table I (continued)

	Total Sample	Spouse	Children	Other Relative
Employment Status				
Full-Time	48.3	10.5	58.0	37.7
Part-Time	9.4	10.5	9.2	9.4
Not Working[a]	42.4	78.9	32.8	52.8
(n)	(203)	(19)	(131)	(53)
Education				
College Graduate	20.8	5.6	22.9	20.8
High School Graduate	52.0	44.4	58.0	39.6
Less than 12th Grade	27.2	50.0	19.1	39.6
(n)	(202)	(18)	(131)	(53)
Income				
Less than $3,000	7.4	7.1	7.3	7.8
$3,000 - $8,999	24.5	71.4	17.1	29.4
$9,000 - 14,999	22.9	14.3	22.8	25.5
$15,000 - 19,999	9.0	7.1	11.4	3.9
$20,000 - 24,999	10.6	.0	10.6	13.7
$25,000+	25.5	.0	30.9	19.6
(n)	(188)	(14)	(123)	(53)
Birthplace				
United States	75.1	42.1	83.1	67.3
Puerto Rico	12.9	10.5	13.1	13.5
Other	11.9	47.4	3.8	19.2
(n)	(201)	(19)	(130)	(52)
Social Class[b]				
I and II	31.9	18.8	33.9	31.1
III	39.5	25.0	43.5	33.3
IV and V	28.6	56.3	22.6	35.6
(n)	(185)	(16)	(124)	(45)
Health Rating				
Excellent	21.1	—	26.0	17.0
Good	35.0	26.3	34.4	39.6
Fair	27.6	31.6	26.7	28.3
Poor	16.3	42.1	13.0	15.1
(n)	(203)	(19)	(131)	(53)

(a) Includes: retired; unemployed; housewife; and student

(b) Hollingshead 2-factor index of social position based on education and occupation weighted ratings. I = upper class; V = lower class. For married respondents, score is based on spouse with lowest score.

Table 2

Selected Demographic Characteristics of the Older Relative by Relationship of Caregiving Relative

	Total Sample	Spouse	Children	Other Relative
Age				
65 - 74	34.0	42.1	27.5	47.2
75 - 84	41.9	42.1	47.3	28.3
85+	24.1	15.8	25.2	24.5
(n)	(203)	(19)	(131)	(53)
$\bar{x}$ age	78.4	76.0	79.0	77.5
Sex				
Male	19.7	68.4	14.5	15.1
Female	80.3	31.6	85.5	84.9
(n)	(203)	(19)	(131)	(53)
Marital Status				
Never Married	5.4	—	.8	18.9
Married	12.4	100.00	3.8	1.9
Widowed	67.8	—	80.0	62.3
Divorced/Separated	14.4	—	5.4	17.0
(n)	(202)	(19)	(130)	(53)
Religion				
Jewish	41.9	52.6	42.0	37.7
Protestant	20.7	10.5	20.6	24.5
Catholic	30.5	31.6	31.3	28.3
Other	4.4	.0	4.6	5.7
None	2.5	5.3	1.5	3.8
(n)	(203)	(19)	(131)	(53)
Living Arrangements				
Lives w/Caregiving	30.5	100.0	26.7	15.1
Lives w/Other Relative	7.9	—	9.9	5.7
Lives Alone	61.6	—	63.4	79.2
(n)	(203)	(19)	(131)	(53)

Table II (continued)

	Total Sample	Spouse	Children	Other Relative
Birthplace				
United States	42.4	36.8	40.5	49.1
Puerto Rico	15.3	10.5	16.8	13.2
Eastern Europe	25.1	31.6	27.5	17.0
Other	17.2	21.1	15.3	20.8
(n)	(203)	(19)	(131)	(53)
ADL Scale Score[a]				
$\bar{x}$	15.1	19.1	14.4	15.4
(n)	(203)	(19)	(131)	(53)
Memory Scale Score[b]				
$\bar{x}$	3.2	3.2	3.4	2.9
(n)	(202)	(18)	(131)	(53)

(a) ADL scale scores range from 0 to 30 with higher scores representing more severe functional impairment

(b) Memory scale scores range from 0 to 15 with higher scores representing more extreme memory loss

Table 3

Distribution of Items Tapping Affective Relations by Relationship of Caregiver

Item		Total	Spouse	Child	Other Relative
How enjoyable was time spent together? (prior to illness)					
Very enjoyable		58.3	70.6	57.5	56.3
Somewhat enjoyable		31.8	29.4	29.9	37.5
Not very/not enjoyable at all		9.9	.0	12.6	6.2
	Total	100.0	100.0	100.0	100.0
	(n)	(192)	(17)	(127)	(48)
How close did you feel to your ___? (prior to illness)					
Very close		52.3	78.9	51.6	44.0
Somewhat close		32.8	15.8	34.1	36.0
Not very/Not close at all		14.9	5.3	14.3	20.0
	Total	100.0	100.0	100.0	100.0
	(n)	(195)	(19)	(126)	(50)
Could you confide in your ___?					
Always		40.6	57.9	43.5	26.5
Sometimes		38.0	31.6	34.7	49.0
Never		21.4	10.5	21.8	24.5
	Total	100.0	100.0	100.0	100.0
	(n)	(192)	(19)	(124)	(49)
How enjoyable is time spent together? (currently)					
Very enjoyable		30.7	17.6	27.7	42.3
Somewhat enjoyable		49.7	47.1	53.1	42.3
Not very/not enjoyable at all		19.6	35.3	19.2	15.4
	Total	100.0	100.0	100.0	100.0
	(n)	(199)	(17)	(130)	(52)
How close do you feel to your ___? (currently)					
Very close		71.4	64.7	70.8	75.0
Somewhat close		22.1	23.5	22.3	21.2
Not very/not close at all		6.5	11.8	8.9	3.8
	Total	100.0	100.0	100.0	100.0
	(n)	(199)	(17)	(130)	(52)

Table 4

Distribution on Items Tapping 'Reciprocity'
by Relationship of Caregiver

Item		Total	Child	Other Relative
Could you count on your ___ for assistance when it was needed?				
Always		70.6	73.6	62.5
Sometimes		18.6	16.3	25.0
Never		10.7	10.1	12.5
	Total	100.0	100.0	100.0
	(n)	(177)	(129)	(48)
Did ___make sacrifices for you and your family?				
Many		54.1	64.1	16.1
Some		21.6	21.4	22.6
None		24.3	14.5	61.3
	Total	100.0	100.0	100.0
	(n)	(148)	(117)	(31)
Did your ___ help by: (% indicating they received help) (n=184)				
Giving or loaning money		23.9	26.7	17.0
Starting in a business		2.7	2.3	3.8
Pay for an education		13.6	17.6	3.8
Assisting with child care		37.2	43.1	22.6
Provide care in long illness		20.1	26.0	5.7
Share his/her household		38.8	45.8	21.2
Other		28.3	33.6	15.1

Table 5

Zero-Order Correlations of Affection and Reciprocity with Caregiving Involvement and Caregiving Impact

	Caregiving Involvement	Caregiving Impact
Affection	.21*	-.19*
Reciprocity	.20*	.02

*p < .01